

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

08/945249

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	6	minus 20 = * —
INDEPENDENT CLAIMS	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEES
	395.00
x\$11=	
x41=	
+135=	

OR	RATE	FEES
	730	790.00
OR	x\$22=	
OR	x82=	82
OR	+270=	
OR	TOTAL	1012

* If the difference in column 1 is less than zero, enter "0" in column 2

BEST AVAILABLE COPY

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent * Minus *** =				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent * Minus *** =				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent * Minus *** =				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR	RATE	ADDITIONAL FEE
	730	790.00
OR	x\$22=	
OR	x82=	
OR	+270=	
OR	TOTAL	
OR	ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Doct. Number

08/945249

CPA
1/21/00

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	19	minus 20 =
INDEPENDENT CLAIMS	4	minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2.

BEST AVAILABLE COPY

SMALL ENTITY
TYPE

RATE	FEES
	380.00
x\$4=	
x\$39=	
+130=	

OTHER THAN
SMALL ENTITY

RATE	FEES
	690.00
	760.00
x\$18=	
x\$78=	78.00
+240=	
TOTAL 768.00	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

AMENDMENT C

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" in THIS SPA & E is less than 20, enter "20."
 ** If the "Highest Number Previously Paid For" in THIS SPA & E is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TO

OFFICE OF FINANCE
CRYSTAL PLAZA 2. LOBBY

SERIAL NUMBER

08/945249

FROM: PCT INTERNATIONAL DIVISION-DO/EO

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE AMOUNT FEE CODE AMOUNT

BASIC FEE

960	_____
961	_____
970	930
971	_____
958	_____
959	_____
956	_____
957	_____
962	_____
963	_____
OTHER:	_____
_____	_____
_____	_____
_____	_____

CLAIMS/MULTIPLE DEPENDENT

964	_____
965	_____
966	_____
967	_____
968	_____
969	_____
LATE FEE/SURCHARGE	
154	_____
254	_____
156	_____
581	_____

THE ORIGINAL METHOD OF PAYMENT

BY A CHECK

BY A CHARGE TO DEPOSIT ACCOUNT NO

19-2570

DO/EO FEE

my